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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 3/8/2012 1:38 PM Fee Receipt: \$40.00



## **COMMONWEALTH OF KENTUCKY**

ALISON LUNDERGAN GRIMES, SECRETARY OF STATE			
Hilsiness Fillings (	Articles of Organization Limited Liability Company		KLC
Pursuant to KRS 14A and KRS 275,	he undersigned applies to qualify and for t	that purpose submits	the following statements:
Article I: The name of the limited liab	ility company is		
Article II: The street address of the li	mited liability company's initial registered c	office in Kentucky is	
8808 Brook Willow Drive	Louisville	KY	40299
Street Address Only (No Post Office Box N	imbers) City	State	Zip Code
and the name of the initial registered	agent at that office is Darren Betz		
Article III: The mailing address of the	limited liability company's initial principal	office is	
8808 Brook Willow Drive	Louisville	KY	40299
Street Address or Post Office Box Number	City	State	Zip Code
A. a manager(s).  B. its member(s).	ny is to be managed by (must check one): ctive upon filing, unless a delayed effective	e date and/or time is p	provided. The effective
date or the delayed effective date ca	nnot be prior to the date the application is f	iled. The date and/or	<sub>time is</sub> 3/ <b>8</b> /2012
	·	inde. The bate arigin	(Delayed effective date and/or time)
I/We declare under penalty ef perjury	under the laws of the state of Kentucky th	at the foregoing is tru	e and correct.
The Man K. 1924	Darren P Betz Co-Founder		3/ <b>8</b> /2012
Signature of Organizer			Date
Signature of Organizer	Paul A Reisert C	o-Founder	3/8/2012
	Printed Name & Title		Date
Darren Betz	, consent to serve as the regi	stered agent on behalf of the	ne limited liability company.
Print Name of Registered Agent	Darren Betz	3/2	<b>8</b> /2012
Signature of Registered Agent	Printed Name	Dat	e